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**STATEMENT FOR THE RECORD**

**OF**

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AMVETS NATIONAL LEGISLATIVE DIRECTOR**

**FOR THE**

**HOUSE COMMITTEE ON VETERANS' AFFAIRS,**

**SUBCOMMITTEE**

**ON**

**HEALTH**

***U.S. HOUSE OF REPRESENTATIVES***

***ONE HUNDRED FOURTEENTH CONGRESS  
FIRST SESSION***

**CONCERNING:**

**LEGISLATIVE HEARING ON: DRAFT LEGISLATION TO IMPROVE REPRODUCTIVE  
TREATMENT PROVIDED TO CERTAIN DISABLED VETERANS; DRAFT LEGISLATION  
TO DIRECT THE DEPARTMENT OF VETERANS AFFAIRS (VA) TO SUBMIT AN  
ANNUAL REPORT ON THE VETERANS HEALTH ADMINISTRATION; H.R. 271; H.R.  
627; H.R. 1369; H.R. 1575; AND, H.R. 1769**

**23 APRIL 2015**

Distinguished members of the Subcommittee on Health, it is my pleasure, on behalf of AMVETS, to offer this 'Statement for the Record' concerning the following pending legislation: to improve reproductive treatment provided to certain disabled veterans; Draft legislation to direct the Department of Veterans Affairs (VA) to submit an annual report on the Veterans Health Administration; H.R. 271; H.R. 627; H.R. 1369; H.R. 1575; and, H.R. 1769

I would like to begin today's statement with the following introductory remarks prior to turning to each specific piece of legislation: As the United States absorbs the aftereffects of more than a decade of continuous war and in the face of the planned draw-down of military personnel, the physical and mental health of our military and veterans will continue to be priority issues for AMVETS, the veteran's community and hopefully congress. Thanks to improvements in battlefield medicine, swift triage, aeromedical evacuations and trauma surgery, more combat-wounded than ever before are surviving horrific wounds and will be needing long-term rehabilitation, life-long specialized medical care, sophisticated prosthetics, etc. Your committee has a responsibility to ensure that the VA and our nation live up to the health care obligations imposed by the sacrifices of our veterans.

It is encouraging to acknowledge at this time that, despite the extraordinary sacrifices being asked of our men and women in uniform, the best and the brightest continue to step forward to answer the call of our nation in its time of need. I know that each of you is aware of, and appreciates the numerous issues of importance facing our military members, veterans and retirees, therefore this testimony will be, following these introductory remarks limited to specific health care legislation.

I would also like to first delineate several general issues that AMVETS would like the committee to monitor and enforce as it goes about its work, followed by specific recommendations related to the VA.

*General Recommendations:*

- ensure that the VA provides a continuity of health care for all individuals who were wounded or injured in the line of duty including those who were exposed to toxic chemicals;
- ensure that all eligible veterans not only have adequate access, but timely and appropriate treatment, for all of their physical and mental healthcare needs;
- continue to press the VA to work collaboratively with the DoD in creating and implementing a completely operational and fully integrated electronic medical records system;

- continue the strictest oversight to ensure the safety, physical and mental health and confidentiality of victims of military sexual trauma;
- ensure that the VA continues to provide competent, compassionate, high quality health care to all eligible veterans; and
- ensure that the VA continues to receive sufficient, timely and predictable funding for VA health care.

*Specific Recommendations:*

- Ensure that both advanced appropriations and discretionary funding for VA keeps pace with medical care inflation and healthcare demand as recommended in the IB so that all veterans healthcare needs can be adequately met;
- Maximize the use of non-physician medical personnel as a way to mitigate physician shortages and reduce patient wait times especially while utilization of the VA system continues to rise;
- Ensure that VA makes more realistic third-party medical care collection estimates so that Congress doesn't end up under-appropriating funds based on false expectations which in turn negatively impact veteran care. Additionally, VA needs to redouble its efforts to increase its medical care collections efforts, because taken together, the cumulative effects of overestimating and under-collecting only degrade the care available to our veterans. Furthermore, VA needs to establish both first- and third-party copayment accuracy performance measures which would help minimize wasted collection efforts and veteran dissatisfaction;
- VA needs to incorporate civilian healthcare management best practices and include a pathway to VA hospital/clinic management for civilians as part of their succession plan requirements, so that VA will be able to attract the best and the brightest healthcare managers in the industry;
- VA could immediately increase its doctor/patient (d/p) ratio to a more realistic and productive levels in order to cut wait times for veterans needing treatment and/or referrals. While the current VA (d/p) ratio is only 1:1200, the (d/p) ratio for non-VA physicians is close to 1:4200. Instituting this one change would drastically improve our veterans access to needed healthcare;
- VA needs to improve its patient management system so that veterans have more appointment setting options available to them, which could reduce staffing errors and requirements. VA should also consider utilizing a hybrid system whereby half the day might consist of scheduled appointment and the other half would be for walk in or same-day appointment. The elimination of the need for non-specialty appointments would allow veterans quicker access to their primary care providers;

- The current VA healthcare system appears to be top-heavy with administrative staff and short-handed when it comes to patient-focused clinical staff. This imbalance can only lead to noticeable veteran wait times;
- The VA needs to thoroughly review its entire organizational structure in order to take advantage of system efficiencies and to maximize both human and financial resources, while also minimizing waste and redundancies;
- VA needs to collaborate with HHS (Health & Human Services) so that it can utilize/share the benefits of the UDS (Uniform Data System). The UDS is a core set of information appropriate for reviewing and evaluating the operation and performance of individual health centers. The ability to track, through the UDS system, a wide variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues would be invaluable in improving the overall VA healthcare system;
- Rather than have veterans go unseen or untreated due to limited appointment or physician availability, veterans should be allowed to utilize the currently existing system of FQHCs (Federally Qualified Health Centers). FQHCs include all organizations receiving grants under section 330 of the Public Health Service Act, certain tribal organizations, and they qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs are required to: serve an underserved area or population; offer a sliding fee scale; provide comprehensive services; have an ongoing quality assurance program; and to have a governing board of directors. Allowing veterans to seek care, even on a temporary basis, until the VA appointment backlog is eliminated, would provide our veterans with immediate care and would relieve some of the pressure on the VA system;
- VA must immediately improve its recruitment, hiring and retention policies to ensure the timely delivery of high quality healthcare to our veterans. VA currently utilizes a cumbersome and overly-lengthy hiring process which reduces its ability to deliver critical services. VA needs to consider adopting a more expedient hiring/approval process which could include some form of provisional employment;
- VA needs to have, and utilize, the option to terminate non-performing employees at all levels of the organization so that only dedicated, accurate, motivated employees will remain in service to our veterans; and
- Finally, VA needs to reform their incentive programs so that only high-performing employees receive appropriate bonuses for their excellence in serving our veterans.

## ***Pending Health Care Legislation***

**HR 271, the Creating Options for Veterans Expedited Recovery Act** – AMVETS supports this legislation which establishes the Veterans Expedited Recovery Commission to:

- examine the efficacy of the evidence-based therapy model used by the Secretary of Veterans Affairs for treating mental health illnesses of veterans and identify areas to improve wellness-based outcomes;
- conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine the experience of veterans with the Department of Veterans Affairs (VA) when seeking medical assistance for mental health issues through the VA health care system, their experience with non-VA facilities and health professionals for such issues, their preferences regarding available treatments for such issues and which methods they believe to be most effective, their experience with complementary alternative treatment therapies, the prevalence of prescribing prescription medication among veterans seeking treatment through the VA health care system to address mental health issues, and the Secretary's outreach efforts regarding the availability of benefits and treatments for such issues;
- examine available research on complementary alternative treatment therapies for mental health issues (including music, yoga, and meditation therapy) and identify what benefits could be made with the inclusion of such treatments for veterans; and
- study the potential increase in claims relating to mental health issues submitted by veterans who served in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn.

HR 271 also directs the Secretary, upon a report by the Commission, to submit: (1) an action plan for implementing recommendations and a time frame for implementing complementary alternative treatments, or (2) a justification for any determination that a recommendation is not appropriate and an alternative solution to improve the efficacy of the therapy model.

**HR 627, which expands the definition of homeless veteran for purposes of benefits under the laws administered by the Secretary of Veterans Affairs** – AMVETS supports this legislation which includes as a homeless veteran, for purposes of eligibility for benefits through the Department of Veterans Affairs, a veteran or veteran's family who: (1) is fleeing domestic or dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation; and (2) has no other residence and lacks the resources or support networks to obtain other permanent housing.

**HR 1369, the Veterans Access to Extended Care Act of 2015** – AMVETS supports this legislation which modifies the treatment of Department of Veterans Affairs (VA)

agreements with service providers to furnish veterans with nursing home care, adult day health care, or other extended care services. We believe this would help improve direct care to veterans and may help to mitigate some of the negative situations associated with long-term veteran care.

**HR 1575, which makes permanent the pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces** - AMVETS is very supportive of the concept of non-clinical, post-deployment/reintegration programs especially in light of the drastic clinical shortages within the VA healthcare system.

It is this critical shortage in clinical practitioners which led to the development of the AMVETS Warrior Transition Workshops. AMVETS Warrior Transition Workshops are post-deployment training programs for personnel of the U.S. military, with a focus on those struggling with combat stress (PTS) and readjustment issues resulting from one or more deployments. The program is a 3-day hands-on; de-Boot Camp, reintegration training program. The Workshops are provided at no cost to the veteran.

**HR 1769, the Toxic Exposure Research Act of 2015** – this issue is at the top of the AMVETS priorities list once again this year and as the Chair of the Toxic Wounds Task Force, we whole heartedly support this legislation which would establish a national center for research focused on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while serving as members of the Armed Forces that are related to that exposure.

The bill also establishes an advisory board to oversee and assess the National Center in determining health conditions that result from toxic exposures and to advise the Secretary of Veterans Affairs with respect to the work of the National Center.

This completes my statement at this time and I thank you again for the opportunity to offer our comments on pending legislation. I will be happy to answer any questions the committee may have.



## Diane M. Zumatto

### AMVETS National Legislative Director



Diane M. Zumatto of Spotsylvania, VA joined AMVETS as their National Legislative Director in August 2011. Zumatto a native New Yorker and the daughter of immigrant parents decided to follow in her family's footsteps by joining the military. Ms. Zumatto is a former Women's Army Corps/U.S. Army member who was stationed in Germany and Ft. Bragg, NC, was married to a CW4 aviator in the Washington Army National Guard, and is the mother of four adult children, two of whom joined the military.

Ms. Zumatto has been an author of the Independent Budget (IB) since 2011. The IB, which is published annually, is a comprehensive budget & policy document created by veterans for veterans. Because the IB covers all the issues important to veterans, including: veteran/survivor benefits; judicial review; medical care; construction programs; education, employment and training; and National Cemetery Administration, it is widely anticipated and utilized by the White House, VA, Congress, as well as, other Military/Veteran Service Organizations.

Ms. Zumatto regularly provides both oral and written testimony for various congressional committees and subcommittees, including the House/Senate Veterans Affairs Committees. Ms. Zumatto is also responsible for establishing and pursuing the annual legislative priorities for AMVETS, developing legislative briefing/policy papers, and is a quarterly contributor to 'American Veteran' magazine. Since coming on board with AMVETS, Ms. Zumatto has focused on toxic wounds/Gulf War Illness, veteran employment and transition, military sexual trauma, veteran discrimination and memorial affairs issues.

Zumatto, the only female Legislative Director in the veteran's community, has more than 20 years of experience working with a variety of non-profits in increasingly more challenging positions, including: the American Museum of Natural History; the National Federation of Independent Business; the Tacoma-Pierce County Board of Realtors; The Washington State Association of Fire Chiefs; Saint Martin's College; the James Monroe Museum; the Friends of the Wilderness Battlefield and The Enlisted Association of the National Guard of the United States. Diane's non-profit experience is extremely well-rounded as she has variously served in both staff and volunteer positions including as a board member and consultant. Ms. Zumatto received a B.A. in Historic Preservation from the University of Mary Washington, in 2005.

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